

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	1		1			
3				1		
4			1			
5			1			
6		1	1			
7			1			
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TOTAL IND.			2		2	
TOTAL DEP.			6		6	
TOTAL CLAIMS			8		8	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			2		2	
TOTAL DEP.			6		6	
TOTAL CLAIMS			8		8	